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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/036,202	12/27/2001	John M. Flack	MTS 0102 PUS	2844
22045	7590	03/09/2006	EXAMINER	
BROOKS KUSHMAN P.C. 1000 TOWN CENTER TWENTY-SECOND FLOOR SOUTHFIELD, MI 48075			RINES, ROBERT D	
			ART UNIT	PAPER NUMBER
			3626	

DATE MAILED: 03/09/2006

Please find below and/or attached an Office communication concerning this application or proceeding.

<b>Office Action Summary</b>	<b>Application No.</b> 10/036,202	<b>Applicant(s)</b> FLACK ET AL.	
	<b>Examiner</b> Robert D. Rines	<b>Art Unit</b> 3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

#### Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

#### Status

- 1) ☒ Responsive to communication(s) filed on 27 December 2001.
- 2a) ☐ This action is **FINAL**. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

#### Disposition of Claims

- 4) ☒ Claim(s) 1-19 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) ☐ Claim(s) \_\_\_\_\_ is/are allowed.
- 6) ☒ Claim(s) 1-19 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

#### Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on \_\_\_\_\_ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.  
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

#### Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some \* c) ☐ None of:
- ☐ Certified copies of the priority documents have been received.
  - ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
  - ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).
- \* See the attached detailed Office action for a list of the certified copies not received.

#### Attachment(s)

- |   |   |
|---|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892)   | 4) <input type="checkbox"/> Interview Summary (PTO-413)<br>Paper No(s)/Mail Date. _____ |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948)  | 5) <input type="checkbox"/> Notice of Informal Patent Application (PTO-152)             |
| 3) <input checked="" type="checkbox"/> Information Disclosure Statement(s) (PTO-1449 or PTO/SB/08)<br>Paper No(s)/Mail Date <u>12/27/01</u> . | 6) <input type="checkbox"/> Other: _____  |

## **DETAILED ACTION**

### ***Notice to Applicant***

[1] This communication is in response to the patent application filed 27 December 2001. The IDS statement filed 27 December 2001 has been entered and considered. Claims 1-19 are pending.

### ***Claim Rejections - 35 USC § 103***

The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

[2] Claims 1-19 are rejected under 35 U.S.C. 103(a) as being obvious in view of Pestotnik et al. (United States Patent Application Publication #2004/0260666).

[A] As per claim 1, Pestotnik et al. teaches a patient healthcare management system having a capability to evaluate patient kidney function (Pestotnik et al.; Abstract, paragraphs [0024] [0085]), the system configured to: receive input defining a patient's medical record including the patient's demographic information, medical condition and diagnosis (Pestotnik et al.; paragraphs [0010] [0024] [0083] [0085]); output at least one medical treatment recommendation wherein the recommendation is based on the patient's medical record (Pestotnik et al.; Abstract and paragraphs [0084] [0085] [0131]) and calculate and output at least one treatment goal for the patient (Pestotnik et al.; paragraphs [0094] [0150] [0151]).

[i] Pestotnik et al., teaches a system and method that gathers patient data, provides expert system evaluation of patient data for the purpose of generating decision-supported patient data to a physician. As taught by Pestotnik, deliverables to the physician include potential causes of the patient's medical condition, mitigating factors based on one of more of the causes for the medical condition, and providing the physician with at least one medical care recommendation (Pestotnik et al.; paragraph [0028]). Among the exemplary patient input data taught by Pestotnik et al. are the patient's medical history, family history, genetic susceptibilities, heart rate, blood pressure, blood sugar level, and the like (Pestotnik et al.; paragraphs [0094] [0131] [0083]). Pestotnik further teaches identifying whether the existing medical care is successful in treating the medical condition based on current success of the regime (Pestotnik et al.; paragraph [0151]) and providing warnings and alerts related to newly acquired or updated patient data (Pestotnik et al.; paragraph [0098]), such as an undesirable change in blood pressure or blood sugar levels (Pestotnik et al.; paragraph [0094]). Lastly, Pestotnik et al., teaches a system and method

intended to provide expert guidance to physician's regarding the diagnosis and treatment of renal diseases (Pestotnik et al.; paragraph [0086]). Although Pestotnik et al., does not specifically teach analysis of patient medical data to determine an estimated glomerular filtration rate, the examiner interprets the above noted teachings of Pestotnik et al., to be inclusive of analysis of kidney function and/or an associated filtration rate, in cases in which the Pestotnik method and system are applied to the diagnosis and treatment Renal diseases and disorders.

[ii] It would have been obvious to one of ordinary skill in the art at the time the invention was made to have applied a system and method, with the above noted features and attributes of Pestotnik et al., to assessing kidney function and associated medical parameters, e.g., filtration rate, when motivated to diagnose and treat Renal diseases (Pestotnik et al.; paragraph [0085]).

[B] As per claim 2, Pestotnik et al. teaches a system wherein the at least one treatment goal for the patient comprises at least one of: a goal blood pressure, a goal lipid level, a goal cholesterol level and a goal hemoglobin A1C level (Pestotnik et al.; paragraphs [0094] [0127]).

[C] As per claim 3, Pestotnik et al. teaches a system additionally configured to receive input specifying a treatment for the patient (Pestotnik et al.; Abstract and paragraph [0067] [0076])

[D] As per claim 4, Pestotnik et al. teaches a system additionally configured to output an indication as to whether, based on the patient's medical record, the at least one medical treatment goal has been met (Pestotnik et al.; paragraphs [0094] [0151]).

[E] As per claim 5, Pestotnik et al. teaches a system wherein a plurality of clinical treatment algorithms are applied to the patient's medical record to generate the at least one treatment recommendation and the at least one patient treatment goal (Pestotnik et al.; paragraphs [0084] [0094] [0138] [0150] [0151]).

[F] As per claim 6, Pestotnik et al. teaches a system additionally configured to: receive input specifying a patient's current medication(s); receive input specifying a new prescription for the patient (Pestotnik et al.; paragraph [0153]); and generate an alert if the prescribed medication may antagonize a medication the patient is currently taking (Pestotnik et al.; paragraphs [0077] [0154]).

[G] As per claim 7, Pestotnik et al. teaches a system further configured to: receive input defining a plurality of patient medical records comprising patient demographic information, medical condition, diagnosis and treatment (Pestotnik et al.; paragraphs [0010] [0024] [0083] [0085] [0116]); receive input defining at least one medical record parameter to extract from the plurality of medical records (Pestotnik et al.; paragraph [0112]); and automatically generate a report containing an aggregate of the at least one medical record parameter extracted from the plurality of medical records (Pestotnik et al.; paragraphs [0026] [0094]).

[H] As per claim 8, Pestotnik et al. teaches a system further configured to receive input defining a subset of the plurality of patient medical records from which to extract the at least one

medical record parameter (Pestotnik et al.; paragraphs [0112] [0153]).

[I] As per claim 9, Pestotnik et al. teaches a system additionally configured to receive input, for each patient encounter with his or her healthcare provider (Pestotnik et al.; paragraphs [0127] [0145]) defining the patient encounter wherein each defined patient encounter is appended to the patient's medical record (Pestotnik et al.; paragraphs [0127] [0128]).

[i] Regarding claims 2-9, the obviousness and motivation as discussed with regard to claim 1 above are applicable to claims 2-9 and are herein incorporated by reference.

[J] Claims 10-18 differ from system claims 1-9 in that claims 10-18 are directed to a method. As per this element, Pestotnik et al. teaches both a method and a system (Pestotnik et al.; paragraphs [0012]-[0118] and [0027]).

[i] The remainders of claims 10-18 repeat the same limitations of system claims 1-9, and are therefore rejected for the same reasons given for those claims.

[K] As per claim 19, Pestotnik et al. teaches a computer-based system for interactively managing patient healthcare and evaluating patient kidney function, the system comprising: a means for defining a patient's medical record (Pestotnik et al.; paragraphs [0010] [0024] [0083] [0085]); a means for establishing the patient's estimated glomerular filtration rate based on the patient's medical record (Pestotnik et al.; paragraphs [0084] [0085] [0094] [0137] \*see analysis

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claim 1); a means for generating at least one patient treatment recommendation based on the patient's medical record and estimated glomerular filtration rate (Pestotnik et al.; Abstract and paragraphs [0084] [0085] [0131] \*see analysis claim 1); and a means for calculating at least one treatment goal for the patient (Pestotnik et al.; paragraphs [0094] [0150] [0151]).

Regarding claim 19, the obviousness and motivation to combine as discussed with regard to claim 1 above are applicable to claim 19 and are herein incorporated by reference.

### *Conclusion*

[3] The prior art made of record and not relied upon is considered pertinent to applicant's disclosure.

Evans, ELECTRONIC MEDICAL RECORDS SYSTEM, United States Patent #5,924,074

Norris et al., DEEP COMPUTING APPLICATIONS IN MEDICAL DEVICE SYSTEMS,  
United States Patent Application Publication #2002/0026103

Gilbert, SYSTEM, METHOD, AND COMPUTER PROGRAM PRODUCT FOR  
PROCESSING DIAGNOSTIC, TREATMENT, COSTS, AND OUTCOMES INFORMATION  
FOR EFFECTIVE ANALYSIS AND HEALTH CARE GUIDANCE, United States Patent  
Application Publication #2002/0087358



Any inquiry concerning this communication or earlier communications from the examiner should be directed to Robert D. Rines whose telephone number is 571-272-5585. The examiner can normally be reached on 8:30am - 5:00pm Mon-Fri.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free).

RDR

*R. D. Rines* 3/5/06

*C. Luke Gilligan*  
C. LUKE GILLIGAN  
PATENT EXAMINER